



Contact Information				
Name:	_____			
	Last	First	Middle	
Address:	_____			
	Street	City	State	Zip
Telephone:	_____			
	Home	Cell		
Email:	_____			
Emergency:	_____			
	Name		Phone	

Please read carefully and complete by printing in ink. Provide ALL information requested.

All positions have a minimum age requirement of 18 years of age, except route drivers who must be 21 years of age.

Equal Opportunity: It is the DAC's policy to comply with all applicable equal employment opportunity laws and regulations. Therefore, to the extent required by applicable federal, state or local laws, the DAC's decisions about recruiting, hiring, training, promotions, compensation, benefits and all similar employment decisions must be made in compliance with this policy and such laws without regard to race, creed, color, religion, sex, national origin, age, marital status, sexual orientation, disability, status with regard to public assistance, membership or activity in a local commission, or any other protected class status pursuant to applicable state or federal laws.

Position Applied For (list all that apply)			
Job Title(s):	_____		
Type of Employment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Full-Time	Part-Time	Sub. On-Call
I would work at either location:	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Available Start Date:	_____		
Work Experience (list employers starting with the most recent)			
Employer:	_____		
Address:	_____		
	Street	City	State Zip
Telephone:	_____		
	Main Phone	Fax	
Supervisor:	_____		
	Name & Title	Phone	
Employed From:	_____	to	_____
	(mm/dd/yy)		(mm/dd/yy)
Position Held:	_____	Rate of Pay:	_____
Primary Duties:	_____		
Reason for Leaving:	_____		

Work Experience (list employers starting with the most recent)

Employer: _____

Address: _____
Street City State Zip

Telephone: _____
Main Phone Fax

Supervisor: _____
Name & Title Phone

Employed From: _____ to _____
(mm/dd/yy) (mm/dd/yy)

Position Held: _____ Rate of Pay: _____

Primary Duties: _____

Reason for Leaving: _____

Work Experience (list employers starting with the most recent)

Employer: _____

Address: _____
Street City State Zip

Telephone: _____
Main Phone Fax

Supervisor: _____
Name & Title Phone

Employed From: _____ to _____
(mm/dd/yy) (mm/dd/yy)

Position Held: _____ Rate of Pay: _____

Primary Duties: _____

Reason for Leaving: _____

Education

<u>Type of School</u>	<u>Name of School</u>	<u>Mailing Address</u>	<u>Years Completed</u>	<u>Diploma, Degree, and Major</u>
High School				
College				

Office Skills (office staff only)

Typing	Yes No WPM: _____	10-Key	Yes No
Personal Computer	Yes No Model: _____	Software Applications (please list)	Word Processing: Spreadsheet: Other:

Military

Have you ever been in the armed forces?	Yes [] No []
Are you a member of the National Guard?	Yes [] No []
Military Specialty:	Current Status:

Other Skills Or Experience (not included above)

Personal References (do not include relatives)

Name:	_____	_____	_____
	Last	First	Middle
Address:	_____	_____	_____
	Street	City	State Zip
Telephone:	_____	_____	
	Home	Cell	
Occupation:	_____		_____
	Company Name & Job Title		Phone

Personal References (do not include relatives)

Name:	_____	_____	_____
	Last	First	Middle
Address:	_____	_____	_____
	Street	City	State Zip
Telephone:	_____	_____	
	Home	Cell	
Occupation:	_____		_____
	Company Name & Job Title		Phone

Personal References (do not include relatives)				
Name:	_____	_____	_____	
	Last	First	Middle	
Address:	_____	_____	_____	_____
	Street	City	State	Zip
Telephone:	_____	_____		
	Home	Other		
Occupation:	_____			_____
	Company Name & Job Title			Phone

Do you have friends, relatives, or acquaintances that work for this company?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
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Have you ever been convicted of a felony?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
If yes, explain:	_____	
When:	_____	

May we contact your current employer?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
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If you are not selected for full-time employment, would you be interested in being on-call as a substitute?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
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Agreement

I hereby certify that the answers on this application are true and correct to the best of my knowledge, and I understand that any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed.

I understand that as a normal employment procedure a routine inquiry may be made concerning my background and qualifications and that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment.

I understand that employment with Mille Lacs Co. Area DAC is contingent upon an Applicant Background Study conducted by the Commissioner of Human Services to determine whether I am disqualified under MN Rules part 9543.3070, Disqualification Standards.

I further understand that should I be offered a position with Mille Lacs Co. Area DAC, I will participate in a Job Placement Assessment and employment is contingent upon a successful rating as determined by this assessment.

I will also obtain a Mantoux or chest X-ray and understand that I am eligible for employment only if results are negative for Tuberculosis.

I understand that if I am hired as a direct service staff member, I will be required to lift and assist clients, and to help clients with their personal hygiene and toileting.

Signature of applicant: _____ **Date:** _____